



RECEIPTS AND EXPENDITURES REPORT OF A POLITICAL COMMITTEE

State Form 4606 (R6 / 12-93)

Indiana State Election Board (IC 3-9-7-5)

Approved by the State Board of Accounts 1993

(CFA-4)
Summary Sheet

FILE NUMBER

49F-743

TOTAL PAGES

4

INSTRUCTIONS: Please type or print legibly IN INK all information on this form. For assistance in completing this form, see instructions on reverse side.

IS THIS AN AMENDMENT? ☒ No ☐ Yes

COMMITTEE INFORMATION

1. FULL NAME OF COMMITTEE (As on Statement of Organization) ☐ Check if this is a new name

Ken Johnson for Superior Court Judge Committee

2. ACRONYM, IF ANY

3. COMMITTEE TELEPHONE NUMBER

(317) 238-6231

4. MAILING NUMBER AND STREET ADDRESS (Address where all campaign finance correspondence is received) ☐ Check if this is a new address

2800 One Indiana Square

5. CITY, STATE, ZIP CODE

Indianapolis, IN 46204-2017

6. PARTY AFFILIATION (If applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. FULL NAME OF CANDIDATE (Include any nickname)

Kenneth H. Johnson

8. PARTY AFFILIATION OR IF INDEPENDENT

Republican

9. OFFICE SOUGHT (Include district number, if any. Not required for exploratory committee)

Superior Court Judge

10. COUNTY OF RESIDENCE

Marion

TYPE OF REPORT

11. Check one

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0")

☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one

☐ Pre-Convention

☐ Post-Convention

12. REPORTING PERIOD

From: 1996 Through: 1996
October 12 December 31

COLUMN A
This Period

COLUMN B
Year-to-Date

13. Cash on hand and investments January 1, 1996

-0-

14. Cash on hand and investments at the beginning of the reporting period

9,474.15

CONTRIBUTIONS AND RECEIPTS

15a. Itemized (Use Schedule A)

1,300.00

33,885.77

15b. Unitemized

15c. Add lines 15a and 15b in both Columns

SUBTOTAL

1,300.00

35,185.77

16. Add lines 14 and 15c in Column A and lines 13 and 15c in Column B

TOTAL

10,774.15

35,185.77

EXPENDITURES

17a. Itemized (Use Schedule B) (Public Question: Use Schedule C)

4,945.00

29,356.62

17b. Unitemized

17c. Add lines 17a and 17b in both Columns

SUBTOTAL

4,945.00

29,356.62

18. Cash on hand and investments at close of reporting period (Subtract 17c from 16 in both Columns) TOTAL

4,945.00

5,829.15

19. Debts OWED BY the committee (Use Schedule D)

-0-

20. Debts OWED TO the committee (Use Schedule E)

-0-

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer/Assistant Treasurer

Title

Date

M. Kent Newton

Treasurer

1/2/97

Signature of Candidate (If applicable)

Kenneth Johnson

Date

1/7/97

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor. (IC 3-14-1-14)

FOR OFFICE USE ONLY

JAN 09 1997

JAN 9 11 32 AM '97

CLERK



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R6 / 12-93)

Indiana State Election Board (IC 3-9-5-14)

Approved by the State Board of Accounts 1993

(CFA-4 SCHEDULE A) ITEMIZED CONTRIBUTIONS OR OTHER RECEIPTS

FILE NUMBER: 49F-743

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INSTRUCTIONS: Please type or print legibly **IN INK** all information on this form. For assistance in completing this schedule see instructions on reverse side.

This schedule is used to document contributions and receipts totaled on line 15a of the Summary Sheet.

NOTE: All cumulative contributions from individuals, businesses, labor organizations, and other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule, (over \$200 if regular party committee).

All transfers-in and in-kind contributions regardless of amount from candidate's, political action and regular party committees, **MUST** be itemized on this schedule.

All other cumulative receipts (i.e. loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule, (over \$200 if regular party committee).

CONTRIBUTOR'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
<input type="checkbox"/> Check if this is a Corporation/Labor Organization Jim & Eleanor O'Neal 5108 Casper Court Indianapolis, IN 46250	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	100.00		10/12/96
				M. Kent Newton
<input type="checkbox"/> Check if this is a Corporation/Labor Organization R. Lowell Parr Peoples Bank Bldg. 136 E. Market Street #1006 Indianapolis, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	25.00		10/12/96
				M. Kent Newton
<input type="checkbox"/> Check if this is a Corporation/Labor Organization Judith & Steve Hardin 8782 Bay Pointe Circle Indianapolis, IN 46236	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	50.00		10/12/96
				M. Kent Newton
<input type="checkbox"/> Check if this is a Corporation/Labor Organization Wayne C. Bruness 7913 Southeastern Avenue Indianapolis, IN 46239	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	100.00		10/21/96
				M. Kent Newton
<input type="checkbox"/> Check if this is a Corporation/Labor Organization Robert Garelick 8888 Keystone Crossing #800 Indianapolis, IN	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	100.00		10/25/96
				M. Kent Newton
<input type="checkbox"/> Check if this is a Corporation/Labor Organization Lewis & Wagner 501 Indiana Avenue #200 Indianapolis, IN 46202	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	100.00		10/25/96
				M. Kent Newton
<input type="checkbox"/> Check if this is a Corporation/Labor Organization Doug Webber 246 N. College Avenue Indianapolis, IN 46202	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	50.00		10/28/96
				M. Kent Newton
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 525.00		
TOTAL ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on line 15a of the Summary Sheet)		\$		



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(CFA-4 SCHEDULE A) ITEMIZED CONTRIBUTIONS OR OTHER RECEIPTS

FILE NUMBER: 49F-743

Page 3 of 4

INSTRUCTIONS: Please type or print legibly **IN INK** all information on this form. For assistance in completing this schedule see instructions on reverse side.

This schedule is used to document contributions and receipts totaled on line 15a of the Summary Sheet.

NOTE: All cumulative contributions from individuals, businesses, labor organizations, and other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule, (over \$200 if regular party committee).

All transfers-in and in-kind contributions regardless of amount from candidate's, political action and regular party committees, **MUST** be itemized on this schedule.

All other cumulative receipts (i.e. loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule, (over \$200 if regular party committee).

CONTRIBUTOR'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
<input type="checkbox"/> Check if this is a Corporation/Labor Organization Rex & Pamela Baker 6118 Yellow Birch Court Plainfield, IN 46168	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	150.00		11/2/96
				M. Kent Newton
<input type="checkbox"/> Check if this is a Corporation/Labor Organization Vernon J. Petri 200 South Meridian Street Station Place, Suite 301 Indianapolis, IN 46225	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	300.00		11/1/96
				M. Kent Newton
<input type="checkbox"/> Check if this is a Corporation/Labor Organization James D. Babcock 155 E. Market Street #500 Indianapolis, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	100.00		11/4/96
				M. Kent Newton
<input type="checkbox"/> Check if this is a Corporation/Labor Organization McNamar Fearnow & McSharar 111 Monument Circle #4500 Indianapolis, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	100.00		10/31/96
				M. Kent Newton
<input type="checkbox"/> Check if this is a Corporation/Labor Organization Emswiller Williams Noland & Clarke 8500 Keystone Crossing #500 Indianapolis, IN 46240	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	25.00		10/28/96
				M. Kent Newton
<input type="checkbox"/> Check if this is a Corporation/Labor Organization Paul S. Mannweiler Third Floor State House Indianapolis, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	100.00		10/28/96
				M. Kent Newton
<input type="checkbox"/> Check if this is a Corporation/Labor Organization 	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____			
				M. Kent Newton
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 775.00		
TOTAL ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on line 15a of the Summary Sheet)		\$ 1,300.00		



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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER: 49F-743

Page 4 of 4

INSTRUCTIONS: Please type or print legibly IN INK all information on this form. For assistance in completing this schedule see instructions on reverse side.

This schedule is used to document expenditures totaled on line 17a of the Summary Sheet.

NOTE: All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100 per recipient**, within a calendar year **MUST** be itemized on this schedule, (over \$200, if regular party committee).

All cumulative expenses, including in-kind, regardless of amount paid to political committees, (i.e. transfers-out from candidate, political action, or regular party committees) **MUST** be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT				
Marion County Republican Central Committee Indianapolis, IN	Political Committee	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other			
		Purpose: contribution	3,500.00	7,000.00	10/28/96
G.I.R.F.C.O. Indianapolis, IN	Political	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other			
		Purpose: advertising	900.00	965.00	10/30/96
G.I.R.F.C.O.	Political	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other			
		Purpose: annual fall dinner tickets (contribution)	250.00	1,215.00	10/30/96
Markey's 2909 S. Meridian Street Indianapolis, IN 46225	Retail Vendor	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other			
		Purpose: Appreciation gifts for sup- porters	295.00	295.00	11/1/96
		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other			
		Purpose:			
		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other			
		Purpose:			
		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other			
		Purpose:			
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 4,945.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on line 17a of the Summary Sheet)			\$ 4,945.00		